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Heart Failure and Cardiomyopathies

READMISSIONS IN HEART FAILURE AND MYOCARDIAL INFARCTIONS: A PARADOXICAL IMPROVEMENT IN QUALITY OF CARE

Poster Contributions
Poster Hall B1
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Session Title: Moving Towards Better Management of Heart Failure
Abstract Category: 14. Heart Failure and Cardiomyopathies: Clinical
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Background: Heart failure is the leading cause of readmissions in patients over the age of sixty-five in the United States. With the national rise in medical expenditures, there is great focus on reducing readmission rates as a parameter of quality improvement.

Methods: We used the hospital compare database, which includes heart failure (HF) and acute myocardial infarction (AMI) readmission and mortality data from over 4000 Medicare-certified hospitals from 2008 to 2011. We examined age, gender, and comorbid risk adjusted thirty-day all cause readmission and mortality rates for both HF and AMI and compared them between VA and non-VA hospitals.

Results: There were 121 VA hospitals and 3744 in the non-VA hospital systems. There was a mean 10.7% thirty-day mortality in the VA in comparison to 11.8% in non-VA hospitals (p<.001). The thirty-day all cause readmissions was 24.1% in the VA in comparison to 23.1% for non-VA patients (p<.001). Thirty-day MI mortality rate for VA hospitals was 14.7% in comparison to 15.1 for non-VA hospitals (p<.01). MI readmission rates followed a similar trend with 19.3% readmission in the VA compared with 18.3% in non-VA (p<.001).

Conclusion: HF and MI patients in the VA have an increased readmission rate and a decreased thirty-day mortality. This finding calls into question the use of readmission rates as a standard measure for quality of care without concomitant measurement of mortality.